

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 17 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000003603

1. Corporation Name

Timeless Wood, Inc.

2. Principal Office Address

209 Goughsby Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

209 Goughsby Blvd

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip
33442

Country

USA

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/97

5. FEI Number

65-0730244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vincent T. Sammarco

Street Address (P.O. Box Number is Not Acceptable)

9141 TAFE STREET

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/23/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RAYMOND, HARRY	209 Goughsby Blvd.	Deerfield Beach, FL
			750.00 - Adm
			61.25 - AR 7/150
			88.75 - AR SUPP

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Harry Raymond

Date

4/23/02

Daytime Phone #

954-725-0886

CR2EDB1 (9/00)